

**Michigan Application for Resident Individual Producer Insurance License***(Please Print or Type)*

1 Social Security Number		2 If assigned, National Producer Number (NP#)		3 If applicable, NASD Individual Central Registration Depository (CRD) Number	
4 Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		5 Financial institution/bank FEIN and name			
6 Last Name	7 JR./SR. etc	8 First Name	9 Middle Name	10 Date of Birth (month) ____ (day) ____ (year) ____	
11 Residence/Home Address (Physical Street)			12 Home Address (Line Two)		
13 City	14 State or Province	15 Zip	16 Foreign Country		
17 Home Phone Number ( ) -	18 Gender (Circle One) Male <input type="checkbox"/> Female <input type="checkbox"/>	19 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)			
20 Employer's Name					
21 Business Address (Physical Street)			22 Business Address (Line Two)		
23 City	24 State or Province	25 Zip	26 Foreign Country		
27 Business Phone Number ( ) -	28 Extension	29 Business Fax Number ( ) -	30 Business E-Mail Address	31 Business Web Site Address	
32 Mailing Address (Line One) <b>** Complete Mailing Address is Required **</b>			33 Mailing Address (Line Two)		
34 City	35 State or Province	36 Zip	37 Foreign Country		
38 List any name under which you are doing business					

**Agency or Business Entity Affiliations**

39 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____

**Employment History**

40 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

		From		To		Position Held
		Month	Year	Month	Year	
Name						
City	State					
Name						
City	State					
Name						
City	State					
Name						
City	State					
Name						
City	State					

41	<b>Type of License Requested</b>								
	Check the box in front of the license type(s) and the boxes under the line(s) of authority for which you are applying.								
	<b>Lines of Authority Requested</b>								
	<b>License Type</b>	Life	Accident & Health	Property	Casualty	Title	Personal Lines	Credit Products	Limited Lines Property Casualty
	Producer								
	Surplus Lines Producer								

  

Background Information	
42	<p>The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.</p> <p>1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? <span style="float: right;">Yes ___ No ___</span></p> <p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement explaining the circumstances of each incident,</li> <li>b) a copy of the charging document, and</li> <li>c) a copy of the official document that demonstrates the resolution of the charges or any final judgment.</li> </ul> <p>2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? <span style="float: right;">Yes ___ No ___</span></p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license and explaining the circumstances of each incident,</li> <li>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a copy of the official document that demonstrates the resolution of the charges or any final judgment.</li> </ul> <p>3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p> <p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, identify the jurisdiction(s): _____</p> <p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and</li> <li>c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul> <p>6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>b) copies of all relevant documents.</li> </ul> <p>7. Do you have a child support obligation in arrearage? <span style="float: right;">Yes ___ No ___</span></p> <p>If you answer yes, by how many months are you in arrearage? _____ Months</p> <p>8. Are you the subject of a child support related subpoena or warrant? <span style="float: right;">Yes ___ No ___</span></p> <p>If yes, submit a statement showing compliance with administrative or court ordered child support.</p> <p>9. If you previously held the same type of license for which you are applying and the most recent resident license held was in a state other than Michigan, check Yes. If no resident license was previously held, or the most recent resident license was in Michigan, check No. <span style="float: right;">Yes ___ No ___</span></p> <p>10. Are you currently employed by, do you own stock in, or are you an officer or director of, or are you in any other manner connected with a funeral establishment, mortuary or cemetery? <span style="float: right;">Yes ___ No ___</span></p>

### Applicants Certification and Attestation

43 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I have read the instructions and material stated on this form and hereby attest that I am in compliance with all requirements and regulations referenced therein.

\_\_\_\_\_  
Month          Day          Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

44 As indicated for Background Information questions above

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Services.

Send Application not requiring testing **by mail:**

Promissor  
PO Box 23127  
Lansing, MI 48909-3127

**or overnight:**

Promissor/OFIS  
6920 S. Cedar, Ste. 6  
Lansing, MI 48911-6924



### Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: [www.michigan.gov/ofis](http://www.michigan.gov/ofis)

Phone OFIS toll-free at: 1-877-999-6442